

## Policy Brief – The Impact of Public Charge on Regional Center Clients

### BACKGROUND INFO ON PUBLIC CHARGE

- Public charge refers to immigrants who have become or are likely to depend on government assistance, which impacts their immigration status to the United States.<sup>1</sup>
- Historically, the government clarified that immigrant families could seek housing support, nutritional aid, and other health care without the fear that this will impact their immigration status.<sup>1</sup>
- “Non-cash” or “special-purpose cash” benefits, such as Medicaid, foster care, and educational assistance, generally do not make a person primarily dependent on the government for subsistence and past, current, or future receipt of these benefits do not impact a public charge determination.<sup>2</sup>
- However, the current administration’s new policy would remove the distinction between federal and state “cash” and “non-cash” benefits immigrants receive and potentially now weigh each the following factors, among others, negatively in determining public charge<sup>3</sup>:
  - Earning less than 125% the federal poverty line
  - Being a child or a senior
  - Having specific health conditions
  - Limited English ability
  - Less than a high school education
  - Poor credit history
- Other types of benefits that provide no income support to families are now being considered as part of this larger potential public charge change including Regional Center services for families.

### WHY DOES THIS MATTER?

Regional Centers serve those with Intellectual and developmental disabilities (I/DD) and is an important entitlement right that is currently not dependent on an individual’s legal or socioeconomic status. These services are imperative for individuals, especially children, in order to help them achieve their highest potential. Many studies have indicated that high-quality well-targeted early childhood programs generate social benefits in excess of their costs.

<sup>1</sup> “Public Charge,” <https://cpehn.org/page/public-charge>

<sup>2</sup> [https://www.dds.ca.gov/Budget/Docs/2019\\_2020DDSBudgetHighlights.pdf](https://www.dds.ca.gov/Budget/Docs/2019_2020DDSBudgetHighlights.pdf)

<sup>3</sup> “Inadmissibility on Public Charge Grounds,” <https://www.federalregister.gov/documents/2018/10/10/2018-21106/inadmissibility-on-public-charge-grounds>

For example, research has shown the direct effect of preschool attendance on occupational prestige, felony arrests, and depression symptoms<sup>1</sup>.

Currently, Regional Centers provide services to 333,094 people and the number is expected to increase to 349,606 in 2019-20<sup>4</sup>. In 2017, approximately 31% of the total consumers of regional centers were under the age of 10. Regional Centers do not keep data on the citizenship status of their clients, and there is no consumer socioeconomic status information posted on the Department of Developmental Services (DDS) Fact Book<sup>5</sup>. However, it is known that about 25% of immigrants in California are undocumented<sup>3</sup> and that 26% of people have legal status (i.e., green cards and visas). Thus, it is clear that the proposed public charge policy would disproportionately impact and discriminate against those who have I/DD and are not naturalized US citizens. This would adversely impact the general welfare of people and on public health.

### WHAT ARE WE ADVOCATING FOR?

**Our policy position is to urge the current administration to maintain the interpretation of public charge clarified in 1999.** In the 1999 clarification of the policy, the federal government stated that it would not consider a family's use of Medicaid, the Children's Health Insurance Program, or other non-cash benefits in public charge determinations. The guidance provided in this document noted that confusion about what is or is not considered as public charge "deterred eligible aliens and their families, including U.S. citizen children, from seeking important health and nutrition benefits that they are legally entitled to receive. This reluctance to access benefits has an adverse impact not just on the potential recipients, but on public health and the general welfare."<sup>2</sup> *We oppose any expansion of the current policy to include both federal, state, and local program "cash" and "non-cash" benefits for concern that children and their families will be reluctant to seek services to address the developmental needs of their children during critical periods when intervention can have a significant benefit.*

Although Regional Center services are not specifically identified as a "cash" or "non-cash" program to be considered as proposed by the new public charge policy change, the inclusion to not delineate between these services and the broad wording within the proposed policy as to how a family's citizenship or documentation status is evaluated, may deter numerous families from accessing necessary services for the wellbeing of their children in fear of impacting their immigration status and potential deportation. We also argue that the use of such services within the context of determining documentation status directly conflicts with the lawful rights enacted by the Lanterman Act that ensures families and children with I/DD essential care at pivotal period of development and denies them the equal opportunity to such critical services.

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<sup>4</sup>"Department of Developmental Services Fact Book, Fifteenth Edition," [https://www.dds.ca.gov/FactsStats/docs/factBook\\_15th.pdf](https://www.dds.ca.gov/FactsStats/docs/factBook_15th.pdf)

<sup>5</sup> "Field Guidance on Deportability and Inadmissibility on Public Charge Grounds," Immigration and Naturalization Service, Justice, 64 Fed. Reg. 28689-28693 (March 26, 1999), <https://www.gpo.gov/fdsys/pkg/FR-1999-05-26/pdf/99-13202.pdf>.